

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
34783007

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2		1				52					
3		1				53					
4		1				54					
5		1				55					
6		1				56					
7		1				57					
8		1				58					
9	1					59					
10	1					60					
11						61					
12						62					
13						63					
14						64					
15						65					
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17						67					
18						68					
19						69					
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39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3					TOTAL IND.					
TOTAL DEP.	7					TOTAL DEP.					
TOTAL CLAIMS	70					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS